

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/25/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 05A419	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/22/2008
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NAME OF PROVIDER OR SUPPLIER

VETERANS HOME OF CALIFORNIA - BARSTOW

STREET ADDRESS, CITY, STATE, ZIP CODE
100 EAST VETERANS PARKWAY
BARSTOW, CA 92311

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS K3 BUILDING: 01 K6 PLAN APPROVAL: 1996 K7 SURVEY UNDER: 2000 EXISTING TYPE OF STRUCTURE: One story protected construction, Type 111 (211), fully sprinklered. The following represents the findings of the California Department of Public Health, Life Safety Code Unit, during an annual Recertification Life Safety Code survey of the facility utilizing the NFPA (National Fire Protection Association) 101, 2000 Edition (existing) of the Life Safety Code. Representing the California Department of Public Health: Anna Jaurigue, HFE-1 Census: 55	K 000	Preparation and execution of this plan of correction in no way constitutes an admission or agree- ment by the Veterans Home of California - Barstow of the truth of the facts alleged in this statement of deficiencies and plan of correction. This plan of correction is submitted to comply with the State and Federal Law. This plan of correction serves as our credible allegation of compliance.	
K 052 SS=C	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4 This STANDARD is not met as evidenced by: Based on record review and interview the facility	K 052	K 052, NFPA 101 Life Safety Code Standard: It is the policy of the Veterans Home of California - Barstow to maintain a fire system that is installed, tested, and maintained in accordance with NFPA 70 National electric Code and NFHP 72. <u>Corrective Action</u> Effective May 09, 2008, an agreement was reached with facility Fire Control Contractor to provide facility with inspection reports that comply with NFPA 72, chapter 7 sections 7-5.2.	5-9-08

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Jaime J. Todd, LNHA

TITLE

Administrator

(X6) DATE

5-9-08

A deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that the institution provides sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 052	Continued From page 1 failed to ensure maintenance, inspection and testing of the fire alarm system complying with applicable requirements of NFPA 70 and 72 as evidenced by incomplete documentation for annual testing and inspection of the fire alarm system and the failures of multiple initiation devices. NFPA 72, chapter 7 section 7-5.2., Maintenance, Inspection, and Testing Records, provides an example of an inspection and testing form and requires specific information. Section 7-5.2.2 states, A permanent record of all inspections, testing, and maintenance shall be provided that includes the following information regarding tests and all the applicable information requested in Figure 7-5.2.2. (1) Date (2) Test frequency (3) Name of property (4) Address (5) Name of person performing inspection, maintenance, tests, or combination thereof, and business address, and telephone number (6) Name, address, and representative of approving agency(ies) (7) Designation of the detector(s) tested, for example, "Tests performed in accordance with Section _____." (8) Functional test of detectors (9) *Functional test of required sequence of operations (10) Check of all smoke detectors (11) Loop resistance for all fixed-temperature, line-type, heat detectors (12) Other tests as required by equipment manufactures (13) Other tests as required by the authority having jurisdiction (14) Signatures of tester and approved authority representative	K 052	<u>Procedure for identifying other potentially affected residents</u> As all residents are potentially affected, the Veterans Home of California-Barstow will take corrective action in relation to all residents. Therefore, no procedure for identifying is necessary. <u>Systemic Changes and Quality Assurance Monitoring</u> In order to enhance currently compliant operations, the Director of Plant Operations, will visual inspect all reports submitted by Fire Control Contractor to ensure that the inspection reports fully comply with NFPA 70 & 72 requirements. The result of the inspections will be documented and submitted at the quarterly quality assurance meeting for further review and corrective action.	

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K 052	Continued From page 2 (15) Disposition of problems identified during test (for example, owner notified, problem corrected/successfully re-tested, device abandoned in place) Findings: During review of the fire alarm system testing records with the Chief of Plant Operations and the fire alarm technician on April 22, 2008, the following was noted. At 11:30 a.m., the annual fire alarm testing and inspection report by a licensed contractor failed to indicate the total number of devices tested such as smoke alarms/detectors, manual pull alarms, fire dampers, fire doors, chime and strobes. At 2:30 p.m., during an interview, the fire alarm technician stated he did not document the total number of devices tested because the facility FACP printed out a report of all the devices tested. This procedure is not in accordance with NFPA 70 and 72.	K 052		
K 066 SS=B	NFPA 101 LIFE SAFETY CODE STANDARD Smoking regulations are adopted and include no less than the following provisions: (1) Smoking is prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area is posted with signs that read NO SMOKING or with the international symbol for no smoking. (2) Smoking by patients classified as not responsible is prohibited, except when under direct supervision.	K 066	K 066, NFPA 101 Life Safety Code Standard: <i>It is the policy of the Veterans Home of California - Barstow to maintain a smoking policy that includes "No smoking within 20 feet of the building."</i>	5-9-08

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K 066	<p>Continued From page 3</p> <p>(3) Ashtrays of noncombustible material and safe design are provided in all areas where smoking is permitted.</p> <p>(4) Metal containers with self-closing cover devices into which ashtrays can be emptied are readily available to all areas where smoking is permitted. 19.7.4</p> <p>This STANDARD is not met as evidenced by: Based on observation the facility failed to maintain its smoking policy "no smoking within 20 feet of the building".</p> <p>Findings:</p> <p>During an observation of the designated smoking area with the Health and Safety Officer and Chief of Plant Operations on April 22, 2008, at 1:45 p.m., the exterior entrance to the Sun Dial patio had smoking material such as cigarette butts discarded on the ground within 4 feet of the building. There were metal containers throughout the patio all 20 feet from the building.</p>	K 066	<p><u>Corrective Action</u> Please note that on April 22, 2008, the patio was immediately cleaned of all discarded cigarette butts. Moreover, "No Smoking Signs within 20 feet" were prominently posted throughout patio area. Additionally, on May 9, 2008, all residents were reeducated on facility smoking policy.</p> <p><u>Procedure for identifying other potentially affected residents</u> As all residents are potentially affected, the Veterans Home of California - Barstow will take corrective action in relation to all residents. Therefore, no procedure for identifying is necessary.</p> <p><u>Systemic Changes and Quality Assurance Monitoring</u> In order to enhance currently compliant operations, under the direction of the Health and Safety Officer or designee, a weekly inspection of the patio will be conducted to enforce compliance of smoking policy.</p> <p>The results of the inspections will be documented and presented at the quality assurance committee for further review and corrective action.</p>	